

# Somerville Community Youth Program



## DROP-IN CENTER MEMBERSHIP REGISTRATION FORM

**WAIT! Before you sign up for the Drop-In Center, answer the following questions:**

- 1). Do you live in the City of Somerville?
- 2). Are you between the ages of 12 and 18 years old?
- 3). Are you enrolled and regularly attending school?

If you answered NO to any of the questions above, then you are not eligible to become a member of the SCYP Drop-In Center. If you answered YES to all three, then continue with this form. You may need a parent/guardian to help you.

## Personal Information

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

First Last M.I.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Your School\_\_\_\_\_

Grade \_\_\_\_\_ email Address: \_\_\_\_\_

## Program Questions

I would be interested in the following types of programs at the SCYP: **Check all that apply**

- ☐ Crime prevention programs
 ☐ Art programs  
☐ Part time jobs/job training
 ☐ Legal services  
☐ Sports
 ☐ Community service projects  
☐ Education/school advice
 ☐ Computers  
☐ Volunteering
 ☐ Other Please Specify: \_\_\_\_\_

Please check any special interest or hobbies you may have: Check all that apply

- ☐ Computers
 ☐ Drama  
☐ Soccer
 ☐ Baseball  
☐ Basketball
 ☐ Hockey  
☐ Skiing
 ☐ Snowboarding  
☐ Fishing
 ☐ Bowling  
☐ Cooking
 ☐ Dancing  
☐ Arts and Crafts
 ☐ Music  
☐ Swimming
 ☐ Movies  
☐ Video games
 ☐ Other Please Specify: \_\_\_\_\_

OK! Now all you have to do is get your parent/guardian to fill out and sign both the blue medical release form and the white grant information form. Then, take your completed registration to the Somerville Community Youth Program at 165 Broadway (the brick building next to KFC), and you're registered!

# Somerville Community Youth Program

## MEMBERSHIP CONTRACT

FOR MY HEALTH and SAFETY, this is how I will be at my Youth Program:

1. I will cooperate with and respect staff, other kids, and most of all, myself.  
*You will be treated with respect by the staff, so show respect for everyone here.*
2. I will not bring or use weapons, tobacco, alcohol or drugs of any kind to the SCYP and grounds.  
*Please do not smoke anything on SCYP property including the sidewalk directly outside the entrance and the front of the building.*
3. I will be careful with my language choice.  
*NO CURSING or NEGATIVE TALK in any language.*
4. I will avoid conflicts with other members! If I feel I am having a conflict, I will use the staff here to help me negotiate a peaceful solution.  
*Fighting, wrestling and play fighting and violence of any kind will not be at the SCYP.*
5. Sexual activity (kissing, sitting on laps, etc.) is not permitted.  
*Please show respect for others and do not display this kind of behavior here.*
6. I will keep my youth center clean by leaving the walls free of graffiti and throwing away my trash.  
*Trash barrels are everywhere for your convenience. Please help us keep trash in the barrels.*
7. For everyone's safety, I will ride skateboards/bikes/rollerblades outside.  
*The SCYP is a quiet, indoor space. Make sure you behave appropriately for the environment.*
8. I am not allowed in the kitchen, computer area, or offices without staff permission.  
*If you need to make a phone call, use a friend's cell phone or a payphone. SCYP phones are for emergencies only.*
9. I will be held responsible for any damages to SCYP property that I cause either on purpose, or, because I am being reckless.  
*You are responsible for your behavior here. If you do something that is a problem, own up to it. We'll find a solution.*
10. I will have fun and relax while I am here because this is a great place for all of us.  
*Life is beautiful, so don't stress. If you need help or resources, ask the staff—that's why we're here.*

I am responsible for my membership and my behavior at the SCYP. I will follow the rules stated above, or I will receive a warning. If I continue to make negative choices, I will be suspended from coming to the SCYP and my membership may be terminated. Fighting/bringing drugs/alcohol/weapons will result in my immediate termination.

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Member's Signature

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Member's Name (please print)

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Date

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Staff Signature

**Somerville Community Youth Program**  
**PARENT/GUARDIAN PERMISSION and LIABILITY RELEASE**

Name of Child: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ School Child attends: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work/Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

My child/ward has the following medical conditions: \_\_\_\_\_

My child/ward has the following allergies: \_\_\_\_\_

My child/ward takes the following medications: \_\_\_\_\_

Authorization for my child to participate in the City of Somerville Community Youth Program:

As parent/guardian, I authorize \_\_\_\_\_ (child/ward) to participate at the City of Somerville Community Youth Program (SCYP) and SCYP sponsored events. By signing below, I understand that there are inherent risks in the activities of the SCYP and I agree to release and hold harmless the City of Somerville from all liability and loss occurring in connection with my child/ward's participation at the SCYP and SCYP sponsored events, including the transportation of my child/ward in City vehicles. In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice and general or specific supervision of an attending hospital physician. The emergency procedures/treatments may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However I understand that SCYP staff will make every effort to immediately contact me when such illness or injury occurs.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## BENEFICIARY INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you for answering the following questions. The organizations that give us money to build this and other programs in Somerville ask us for information about who attends our program. All the information you provide is confidential and is only to be used for statistical reasons by SCYP staff and/or the City of Somerville. If you have questions, a SCYP staff member will be glad to help you.

### Check all that apply to you:

#### Race/ Ethnicity

Native American\_\_

Asian/ Pacific Islander\_\_

Black\_\_

White\_\_

Latino\_\_

Other\_\_\_\_\_

Female head of household\_\_

#### Culture/ Ancestry

African American\_\_

Dominican\_\_

Mexican\_\_

Puerto Rican\_\_

Central American\_\_

Haitian\_\_

Other Hispanic\_\_

Cuban\_\_

Brazilian\_\_

West Indian\_\_

Cape Verdean\_\_

Irish\_\_

Other Portuguese\_\_

Other European\_\_

South American\_\_

Middle Eastern\_\_

Chinese\_\_

Pakistan/ Asian Indian\_\_

Vietnamese\_\_

South Pacific/Islander

Other Asian\_\_

American Indian/Alaskan Native\_\_

Unknown\_\_

Other\_\_\_\_\_

1. **Circle the number** of people living in your household (below, left)
2. Please check the total amount of combined annual income in your household by reading across to the right from the number you circled:

1?	___ less than 28,000	___ less than 43,300	___ over 46,301
2?	___ less than 33,100	___ less than 52,950	___ over 52,951
3?	___ less than 37,200	___ less than 59,550	___ over 59,551
4?	___ less than 41,350	___ less than 66,150	___ over 66,151
5?	___ less than 44,650	___ less than 71,450	___ over 71,451
6?	___ less than 47,950	___ less than 76,750	___ over 76,751
7?	___ less than 51,250	___ less than 82,050	___ over 82,051
8?	___ less than 54,600	___ less than 87,350	___ over 87,351

I hereby certify that the information I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_